

FULL-TIME CCEA, CFA, MANAGEMENT & ELECTED OFFICIALS

January 1, 2019 Semi-Monthly Health Payroll Deductions

**Payroll deduction for medical plan reflects your cost after city benefit credits are applied*

MEDICAL PLAN	COVERAGE LEVEL	YOUR PAYROLL DEDUCTION FOR MEDICAL*	UNUSED BENEFIT CREDITS AFTER CHOOSING MEDICAL (A)
PERS CARE	EE ONLY	\$165.15	
	EE + 1	\$328.29	
	FAMILY	\$415.48	
PERS CHOICE	EE ONLY	\$72.06	
	EE + 1	\$142.11	
	FAMILY	\$173.45	
PERS SELECT	EE ONLY	\$0.00	\$57.14
	EE + 1	\$0.00	\$116.29
	FAMILY	\$0.00	\$162.47
BLUE SHIELD ACCESS +	EE ONLY	\$91.52	
	EE + 1	\$181.04	
	FAMILY	\$224.05	
KAISER PERMANENTE	EE ONLY	\$25.82	
	EE + 1	\$49.63	
	FAMILY	\$53.22	
HEALTH NET SMARTCARE	EE ONLY	\$32.86	
	EE + 1	\$63.71	
	FAMILY	\$71.53	
HEALTH NET SALUD Y MAS	EE ONLY	\$0.00	\$74.59
	EE + 1	\$0.00	\$151.19
	FAMILY	\$0.00	\$207.84
SHARP PERFORMANCE PLUS	EE ONLY	\$8.33	
	EE + 1	\$14.66	
	FAMILY	\$7.76	
ANTHEM HMO SELECT	EE ONLY	\$24.04	
	EE + 1	\$46.07	
	FAMILY	\$48.59	
ANTHEM HMO TRADITIONAL *	EE ONLY	\$126.95	* ONLY FOR RIVERSIDE OR ORANGE COUNTY RESIDENTS
	EE + 1	\$251.89	
	FAMILY	\$316.16	
UNITED HEALTHCARE	EE ONLY	\$34.83	
	EE + 1	\$67.65	
	FAMILY	\$76.65	

City benefit credits by medical coverage level:

Employee Only	\$288.50	Family	\$764.00
Employee + 1	\$579.00	Waive Medical	\$208.34

OPTIONAL BENEFITS	COVERAGE LEVEL	COST
METLIFE DENTAL (B)	EE ONLY	\$21.43
	EE + 1	\$44.76
	FAMILY	\$69.96
VSP VISION (C)	EE ONLY	\$5.16
	EE + 1	\$7.48
	FAMILY	\$13.42
ACCIDENTAL DEATH & DISMEMBERMENT (D)	See <i>MyPaycheck</i> for your current cost or the <i>Voluntary AD&D Coverage Highlights</i> document to calculate cost of new coverage.	

OTHER INFORMATION

1. If waiving medical coverage, Benefit Credits equal \$208.34 semi-monthly.
2. Health insurance deductions occur in 24 pay periods.
3. Benefit credits may be applied towards the cost of medical, dental, vision, accidental death & dismemberment insurance and/or a Flexible Spending Account (FSA). Any unused benefit credits will be paid to you as taxable cash.

SPENDING UNUSED BENEFIT CREDITS ON OPTIONAL BENEFITS

Unused Benefit Credits AFTER		A
choosing a medical plan:		
Less the Cost of Your Optional Benefits		
Dental:		B
Vision:		C
AD&D:		D
Medical Flex Spending:		E
Dependent Care Flex Spending:		F
Total Cost of Optional Benefits:		G = (B+C+D+E+F)
Cash or Payroll Deduction ¹ :		H = (A-G)

¹ If (H) is greater than zero, it is paid as taxable cash. Otherwise it equals your total payroll deduction for all of your optional benefits.